



Archived at the Flinders Academic Commons:

<http://dspace.flinders.edu.au/dspace/>

Speech by Professor Adam Graycar, Director, Social Welfare Research Centre, University of New South Wales:

"The politics of ageing"

as the Frank Ofner Memorial Oration presented to the Australian Association of Gerontology, Sydney, 14 November 1984

Copyright © University of New South Wales.

This speech is made available under the Creative Commons Attribution Non-Commercial, No Derivatives (CC-BY-NC-ND) 4.0 license  
<http://creativecommons.org/licenses/by-nc-nd/4.0/>

FRANK OFNER MEMORIAL ORATION

AUSTRALIAN ASSOCIATION OF GERONTOLOGY

14 NOVEMBER 1984

~~Adelaide~~  
Sydney

THE POLITICS OF AGEING

Adam Graycar

Social Welfare Research Centre  
University of New South Wales

I feel it is a great honour for me and for the Social Welfare Research Centre to have been invited to deliver the 11th Frank Ofner Memorial Oration. I want tonight to talk about politics, not because there is a federal election two weeks away but because politics has such a profound influence on the way we live our lives and practice our professions. Frank Ofner was no stranger to politics. I did not know him personally and thus do not know anything about his political beliefs or practices, but there is no doubt that politics had a significant impact on his life. He left a politically volatile Europe for the calm of Australia. That Australia was so calm - so much so that those with political muscle did not want to see any ripples or waves, and they had the authority to deny him the right to practice his profession. When, after many years, he had jumped through the appropriate hoops he practiced his medicine in a doubly politically affected environment. Health care as recently as two decades ago was very very low in the political priority pecking order, and somewhere near the bottom of the health care priority system was the aged care system. That he did the work he did, and that he did it so well is a great tribute to him as a person and as a professional.

Care of elderly people is not only a health issue of course. It is a multi-disciplinary activity which occurs across a professional, political and ideological spectrum. In the

Social Welfare Research Centre we have been working on policy issues in aged care and we have analysed social welfare, which we have described as systems of allocations in any society in which benefits are distributed to individuals and communities so that they might attain a certain standard of living and/or quality of life. Any determination of a structure of benefits and their distribution is intensely political, for there is often great disagreement about why anything should be allocated, what it is that is allocated, who the recipients ought to be, how generous the allocation ought to be, who should do the allocating, and how it might be financed.

This is the basis of planning aged care policy in Australia - who gets what, when, and how. There are two things I don't want to talk about tonight. First I don't want to talk about some of the current highly political issues in aged politics, such as the assets test, the proposed Home and Community Care Program, the 35 day rule, the politics of Home Care, taxes on lump sum superannuation, etc. We could spend all night debating any of these highly political issues.

Second, I don't want to trot out the oodles of demographic data, income data, health care data or housing data that we have analysed for the elderly population. You all know that Australia is ageing slowly; that there will be a

significant shift in the age distribution of the over 65s; that about 94% of aged people live in private households; that most old people are women; that most old women live alone; that the pool of potential care-takers is diminishing; that dependency ratios are changing; that for every dollar spent on elderly people at home, eleven dollars are spent on elderly people in institutions yet 15 times as many old people live at home than in institutions. We have collected mountains of data which I would be happy to elaborate on later if required. The data have great ramifications for future care arrangements and provide a basis for lobby groups to campaign on care issues, and for planners and politicians to respond to the lobby groups, or if they are forward thinking, to take the initiative.

With one in ten Australians sixty five and over, and soon one in seven, there is clearly no novelty value in being old. Generations ago it was a real achievement to have survived, against the odds, and being old indicated that one was a survivor, a toughie, and a fount of knowledge and wisdom. Now it signifies that one is just one of the crowd, certainly no fount of technological wisdom and possibly a burden on our social security and tax system. The potential for social exclusion is there and what gains there will be will come about by political activities, and not by virtue of status alone.

Values will naturally influence the way in which the state of play is assessed, and consequential policy options proposed. Social policy, is basically about choices between conflicting political objectives and goals, and how they are formulated. Welfare in the 'eighties involves perennial disagreements about the permissible degree of income and resource inequality. The search for a consensus which ensures the protection of the weak, the vulnerable and the disadvantaged, must begin with an understanding of social structure and political life, for these are the determinants of our welfare structures. Welfare politics is the conflict between citizen and group demands for inclusion in the face of institutional and group policies which promote exclusion. Who goes on the scrap-heap and who doesn't? Many elderly people find themselves in situations of actual and potential exclusion from a broad range of social allocations.

Individuals and groups make claims for well being on the state, on their families, on employers, on their communities, and the future well being of the elderly population depends on how these claims are presented, and on the capacity and willingness to respond, by those upon whom the claims are made. Clearly then, there is both an economic and a political dimension to our ageing futures, and with fluctuating economic fortunes, our overall social

well-being is more likely to be determined politically than it is economically.

Although Australia is not a rapidly ageing society, ageing is big business and big politics. I would argue that the big political issue relates to the claims that are made in our society and the response to those claims. All persons, elderly and non-elderly alike make claims for allocations, which affect their well being, on the four institutions I mentioned the state, the family, employers and the local community. Elderly people make claims mostly for an adequate income, for appropriate living arrangements, for high quality services, for independence and dignity, and for institutional responsiveness and a sympathetic attitude towards ageing.

There are four major delivery systems which can act on these claims, the statutory system, the commercial system, the voluntary system, and the informal system and politically and socially we have not been able to determine authoritatively, how they should relate to elderly people. I've written about and discussed these four systems at great length in recent years and won't go into them now.

Returning to claims on the four basic institutions I want to talk only about claims on the community and on the state. Claims on employers are mostly income and superannuation

related, while those on families open up a whole Pandora's box of family policy and informal care issues.

Claims on the community and on the state can be examined by noting three sorts of lobbies as part of the claim structure. First, there is the "direct interest" type. Claims are made by those who are the potential recipients and who thus have a direct interest. The "direct interest" lobby can be divided into two parts - a recipient section, the old people themselves, and a provider section. "Direct interest - recipient" groups include major organisations like the Australian Pensioners' Federation and the Australian Council on the Ageing, as well as many smaller organisations with limited interests. Activities include developing campaigns and pursuing them with varying degrees of intensity, deputations to Ministers and other political figures, and publicity dissemination through community radio and newspapers. "Direct interest - providers" include lobby groups such as the Private Hospitals and Nursing Homes Association in Australia, the Australian Medical Association, groups within the pharmaceutical, health insurance, and medical and hospital equipment industries. This is what has been called the "social industrial complex" - a service industry born of the merging of private enterprise and public capital. Industry lobbies have helped shape medical care and housing allocations directed towards elderly persons.



Second, there is an "executive initiative" approach, where expansion and increases in benefits come from, the authorities (for whatever reason). The "executive lobby" covers politicians and bureaucrats, and the policies they propose and support vary with dominant political agendas. In Australia the executive lobby played a large part in the introduction of the age pension and now that the tide is turning they play a role in moves that they hope will lead to greater efficiency, better evaluation, and cost-cutting.

Bureaucratic politics is often noted for its empire building tendencies and in some ways certain bureaucrats develop the utility of ageing to expand areas over which they preside. This provides a nice opening for direct interest lobbies and can be a good example of the executive lobby really delivering. One must not lose sight of the fact that many bureaucrats have a strong commitment to the groups with which they work and continually support that groups's interest. Other bureaucrats are more detached.

While the political utility of the aged can be used for the advantage of politicians and bureaucrats, it may not always be to the advantage of aged persons themselves. An election agenda may ensure that programmes with vote catching appeal and visible effects are implemented, but this is not always in the best interests of the target group

as observed by Jan Carter in an SWRC report. She cites as an illustration of election oriented policies, the rush towards institutional care rather than the slower development of community care for the confused elderly. In the implementation of the Aged Persons Homes Act in Australia it has been demonstrated by Stephen Duckett that the distribution of facilities does not provide satisfactorily for elderly people of low socio-economic status. This could be cited as an example of divergence between the interests of the executive lobby and the "direct interest- provider" lobby on the one hand, and the consumers on the other.

Third, there is the lobby of "conscience", comprising persons and groups acting out of a sense of noblesse oblige - those who have nothing to gain directly, other than the satisfaction of their humanitarian aspirations by positive social pay-off. This lobby includes individuals in the churches, voluntary organisations, professions and academics who possess a sense of social justice, a belief in a reduction of inequality, and a hope for a better social future. This forms the basis of their activism.

It can be argued that direct interest lobbies will be the most likely to set social directions and press claims. Coalition formation will be important and the degree to which an activist coalition will acquire support will depend

on the legitimacy of the claimant group, the legitimacy of the claims made, the resources the group has to trade and the consequences of exclusion. When looking at the elderly their political resources are fairly limited, though their legitimacy is high. The "conscience lobby" has an opportunity to express viewpoints on their interpretations of need, and on policy proposals in general. Their influence depends on their general standing in the political climate as much as on the quality of the evidence they put forward and the strength of their arguments. Very often, groups in the conscience lobby can identify a crisis situation and, with a concerted media campaign, attempt to place it on the political agenda.

Power relations determine the eventual allocation of income and services. The power of the various protagonist groups will determine the way in which priorities in social policy are set and acted upon. Power, of course, is very unevenly distributed in any society and it is limited to talk about a vote once every three years as a real example of the ability to alter the course of events as they relate to allocations to the elderly.

The broadening of life chances essentially entails a group approach to politics. Group demands which transcend individual interests are the key to our welfare future. Our individualist orientation often casts suspicion on the

claim by lobbies for benefits which are not obviously individually correlated. The aggregate nature of social policy outputs is often difficult to relate to pressure group politics.

It is very likely that the most severely disadvantaged among the elderly are not part of the direct interest lobby, and that the goals articulated by the various organisations vary so greatly that any single focus is severely blunted. To test this would require profiles of the most severely disadvantaged as well as profiles of the organisations in question. It is most likely that fragmentation of interests will occur unless there is an active search for a consensus which ensures the protection of the weak, the vulnerable and the disadvantaged.

There is clearly a role here for researchers, though identifying the contribution of research to policy is a particularly difficult task. As a researcher I am continually faced with all sorts of questions, first there is knowing what sort of research to do, second there is the question of how to do it, third there is the issue of how best to communicate research findings and fourth the jackpot question, how to ensure that research has bearing on policy. If we look at each of these briefly in turn, the first issue of knowing what research to do highlights the importance of applied researchers such as myself working in conjunction

with practitioners and politicians. We cannot work in isolation and cannot work in total collusion for independence is necessary for our research integrity. On the basis of all our knowledge and experience in aged care it could be argued that our role must become one of being a problem seeker first and foremost rather than a problem solver.

The second issue of working out how to do the research in question would involve me in a long methodological lecture on research design and research execution which is not appropriate tonight. The third, of how to communicate research, faces us with easy and difficult options. Many researchers love nothing better than to prepare long roneoed reports of hundred of pages of jargon and numerous footnotes but these reports invariably are read by very few people. The communication process involves everything from publishing in appropriate journals, in the popular press, attending conferences, presenting seminars, attending meetings, etc., there is no single best communication method but there are methods which are more or less suitable for different occasions.

The jackpot question of how to ensure that research has a bearing on policy is something I cannot answer simply. It is important to note that research is only one small element in the policy formulation process. Researchers and

decisionmakers have control over different sets of resources. Researchers have expertise and a grasp of scientific methodology, decisionmakers have political knowledge of daily events, funds and usually a good sense of timing. The one thing that always is at the forefront of my mind is that political decisions are achieved through political processes and not scientific ones. As a result very often social research is used after a programme is developed - to justify and to validate.

Just because research is pertinent and relevant does not mean that it will always have an impact. My shelves and those of politicians are littered with numerous reports on all aspects of aged care and income support for elderly people. Some have had an impact, some have not. In some areas we have seen big changes in the last decade, in other areas virtually no change at all. Research can be used in at least four different ways, first it can be used as a containment - set up a research project or an inquiry to contain any change to the status quo for the foreseeable future. Second it can be used as an instrument of power and political positioning. Third it can be used as a form of policing - particularly in the area of programme evaluation. Fourth it can be used as an instrument of social reform.

It is important once we perceive the obvious problems in aged care to have a clear idea of what we want our research to tell us. Do we want it to tell us about change, about stability, about equality, about differences?

In turning to action once research has identified gaps and needs, two points become obvious in trying to examine the articulation of interests and the development of claims. First, class differences exist and different patterns of interests are evident from different points on the class spectrum. Second, the allocative structure is so fragmented that the target for interest group activity is not always obvious. Let me deal with both of these issues.

There are three strata of elderly people in Australia. The lowest stratum, comprising approximately 20% of the elderly, are poor, isolated, ghettoized and excluded. The top stratum, also comprising approximately 20%, find that after retirement they live much as they always have - there is no diminution of their income, status, housing arrangements, etc. They carry on, the only possible impediment being a breakdown in health. The middle 60% find themselves, as part of an ageing subculture and an ageing group consciousness. They are moderately comfortable (often richer in assets than income), perhaps moderately fit, but increasingly becoming segregated. Nevertheless, interest group activity, mostly via the direct interest - recipient

group, focuses on issues closest to middle class aspirations, especially in the areas of occupational superannuation and universal social security payments. The direct interest - recipient lobby is most likely to focus on issues relating to discrimination rather than deprivation.

Fragmentation is a permanent feature of any allocative system. Matters are further complicated in Australia which is a federal system. The central government plays a income security role, but in accommodation and services it provides funds; sometimes to State Governments, sometimes to Local Authorities, sometimes to non-government welfare organisations, sometimes to commercial organisations. Sometimes these are direct grants; at other times subsidies on sliding scales, etc. It would take up much more time than is available here to trace the intricacies of most funding or service provisions. The point, however, is that it is very difficult for interest groups to know where to direct their attention. Passing the buck is a normal feature of any complex distributive system.

Identifying need is a complex activity, and interest groups work hard at demonstrating need on behalf of their members. An enormous literature has developed which derives, describes, defines and dissects the concept of social "need". One must always be clear on the distinction between a need, a condition, and a problem, for



conventionally policy prescriptions are aimed at need, sometimes at problems and less frequently at conditions.

Need exists when one finds oneself in circumstances requiring some course of action. Often, this may be a crisis that has suddenly descended, or may be a prolonged if not permanent time of difficulty. The specified "difficulty" is a matter of unending value determination and political debate. The important questions to ask are: who defines need and how is this done; who identifies needs and how is this done; who measures need and how is this done; who might be able to alleviate need and how is this done; who determines whether need has been met and how is this done? Who best assesses need - experts, or those "in need"?

Need is a relative concept, placed on the political agenda by lobby groups, and reacted to on the basis of some exchange system. The currency of that exchange may be expressed in political, economic or behavioural terms. In contemporary politics the welfare of elderly people is one type of poker stake, as massive questions of entitlement to state provided allocations, the relationship between public and private provision, the relationship between equity and adequacy, the relationship between entitlement and tax burdens are regularly debated and tested.

The basic social policy issues of how targets are set, of how strategies are planned or how resources are allocated, or how results are assessed, are primarily questions of values. How should beneficiaries fare in the allocative system? Should the status quo be upset? If so, in what way? In whose interest? Who is to be better off? Who is the worse off? How does one decide whether somebody should be better or worse off? What goals are to be developed? By whom? Once these questions have been grappled with, one can then ask: at what levels should intervention take place? Within what political boundaries? What are the programme boundaries? What price is to be paid for the policy? Should policies be developed only when problems become evident or well in advance? I don't think you expected me to give you answers tonight. As an academic I feel quite justified in being a problem seeker rather than a problem solver, so I have raised a number of important questions. These fundamental questions must be woven into political and strategic battles, as we face the graying of the Australian population.